

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

01

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer Electronically Filed by Randell K. Wexler, MD

Date

02

19

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 1D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		263211.18
(b) Cash on Hand at Beginning of Reporting Period	263211.18	
(c) Total Receipts (from Line 19)	45144.20	45144.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	308355.38	308355.38
7. Total Disbursements (from Line 31)	25345.58	25345.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	283009.80	283009.80
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	37901.67	37901.67
(ii) Unitemized	6664.41	6664.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)	44566.08	44566.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44566.08	44566.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	578.12	578.12
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	45144.20	45144.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45144.20	45144.20

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	345.58	345.58	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	345.58	345.58	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	25000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25345.58	25345.58	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25345.58	25345.58	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	44566.08	44566.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44566.08	44566.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	345.58	345.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	578.12	578.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-232.54	-232.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Carl Albrecht, MD

Mailing Address 5909 Swayne Dr Ne

City

Olympia

State

WA

Zip Code

98516-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Physicians LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: C842463

Amount of Each Receipt this Period

730.00

B.

Full Name (Last, First, Middle Initial)

Tanya Elizabeth Anim

Mailing Address 104 White Heron Dr

City

Daytona Beach

State

FL

Zip Code

32119-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 1 0

Transaction ID: C845217

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ryan Bartz, DO

Mailing Address 205 Horner Dr
294 Summar Dr

City

Selmer

State

TN

Zip Code

38375-1848

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee -
Prime Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: C845171

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1345.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joane Goforth Baumer, MD

Mailing Address 1500 S Main St

City

Fort Worth

State

TX

Zip Code

76104-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Transaction ID: C843245

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Linda C Bisson, MD

Mailing Address 3338 Ward Hill Rd

City

East Hardwick

State

VT

Zip Code

05836-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	1	0

Transaction ID: C845123

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Chuck John Breen, MD

Mailing Address PO BOX 606
500 ne 6th street

City

Hillsboro

State

ND

Zip Code

58045-0606

FEC ID number of contributing
federal political committee.

C

Name of Employer
SanfordOccupation
family physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: C852323

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

848.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ellen Sandra Brull, MD

Mailing Address 830 Arbor Ln

City

Glenview

State

IL

Zip Code

60025-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Associates
of LutheranOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	0

Transaction ID: C866285

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jennifer L Brull, MD

Mailing Address PO BOX 5

City

Plainville

State

KS

Zip Code

67663-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Transaction ID: C848549

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey J Cain, MD

Mailing Address 13123 E 16Th Ave # B065

City

Aurora

State

CO

Zip Code

80045-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Children's HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

Transaction ID: C845114

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lee Marvin Carter, MD

Mailing Address PO Box 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 1 0

Transaction ID: C853658

Amount of Each Receipt this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Judith Chamberlain, MD

Mailing Address 10 Sea Grass Farm Rd

City

Brunswick

State

ME

Zip Code

04011-7841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aetna

Occupation
Medical Director, Medicaid Business Un

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: C845117

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Christopher Bice Clemow, MD

Mailing Address 619 Hunters Ln

City

Anderson

State

SC

Zip Code

29625-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 0

Transaction ID: C842944

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

1940.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lisa Leigh Corum, MD

Mailing Address 2610 Drayton Dr

City

Louisville

State

KY

Zip Code

40205-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 1 0

Transaction ID: C852997

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jason B Dees, MD

Mailing Address 620 W Longview Dr

City

New Albany

State

MS

Zip Code

38652-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Albany Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: C852583

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Daniel J Derksen, MD

Mailing Address 306 Big Horn Ridge Pl Ne

City

Albuquerque

State

NM

Zip Code

87122-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of New Mexico

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: C848123

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gerald Eugene Eliaser, MD

Mailing Address 3324 Chanate Rd

City

Santa Rosa

State

CA

Zip Code

95404-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter Medical Group Redw-
oods

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 1 0

Transaction ID: C839756

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Cathy Sumiko Endo, MD

Mailing Address Ms 196

City

Reno

State

NV

Zip Code

89557-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Nevada, Reno

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: C864244

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

James Joseph England, MD

Mailing Address 16510 Diamond Pl
FOB Brassfield-Mora

City

Weston

State

FL

Zip Code

33331-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 1 0

Transaction ID: C840196

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

855.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard David Feldman, MD

Mailing Address 1500 Albany St Ste 807

City

Beech Grove

State

IN

Zip Code

46107-1563

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: C849809

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Health Institute

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 0

Transaction ID: C842917

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City

Shreveport

State

LA

Zip Code

71106-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amedisys, Inc.

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 0

Transaction ID: C866617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Conrad L. Lloyd Flick, MD

Mailing Address 103 Greenway Overlook

City

Cary

State

NC

Zip Code

27518-9053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medical Associates
of Raleigh

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: C849805

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Patricia Fontaine, MD

Mailing Address 717 Delaware St Se Rm 454

City

Minneapolis

State

MN

Zip Code

55414-2959

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: C848145

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Andrea M Gavin, MD

Mailing Address 2600 Kiley Way

City

Plymouth

State

WI

Zip Code

53073-5020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: C864178

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 0

Transaction ID: C842953

Amount of Each Receipt this Period

417.00

B.

Full Name (Last, First, Middle Initial)

Gina Greco-Tartaglia, MD

Mailing Address 1335 Sunny Ridge Rd

City

Mohegan Lake

State

NY

Zip Code

10547-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 1 0

Transaction ID: C852990

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Nichole Strong Halverson, MD

Mailing Address 2185 Settlers Ln

City

Twin Falls

State

ID

Zip Code

83301-7888

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Family Medicine Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 1 0

Transaction ID: C841768

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

917.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City

Vass

State

NC

Zip Code

28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scotland memorial HospitalOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	0

Transaction ID: C842477

Amount of Each Receipt this Period

416.67

B.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address PO BOX 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health SystemsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	0

Transaction ID: C843007

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Douglas E Henley, MD

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2680

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Family
PhysiciansOccupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	1	0

Transaction ID: C839161

Amount of Each Receipt this Period

2750.00

SUBTOTAL of Receipts This Page (optional)

3666.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary Marcella Huff, MD

Mailing Address 402 May St

City

Sweetwater

State

TN

Zip Code

37874-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 0

Transaction ID: C842931

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Carla Lee Kakutani, MD

Mailing Address 438 Abbey St

City

Winters

State

CA

Zip Code

95694-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter West Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: C848119

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Vincent D Keenan, CAE

Mailing Address Exec Vice President - IL AFP
4756 Main St

City

Lisle

State

IL

Zip Code

60532-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Academy of Family
Physicians

Occupation
Association Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 1 0

Transaction ID: C841792

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1815.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rick Kellerman, MD

Mailing Address 1010 N Kansas St

City

Wichita

State

KS

Zip Code

67214-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas University School
of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: C839516

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Susan Karen Kinast-Porter, MD

Mailing Address 2302 11Th St

City

Monroe

State

WI

Zip Code

53566-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monroe Clinic TMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: C848118

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Darrel King, MD

Mailing Address 1 Prime Care Dr

City

Selmer

State

TN

Zip Code

38375-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 1 / 2 0 1 0

Transaction ID: C839137

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marvin D Klingler, MD

Mailing Address 1542 Meadowlane Dr

City

Baldwin

State

WI

Zip Code

54002-5553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Klingler Enterprises Ltd.Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	1	0

Transaction ID: C841789

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Steven D Knight, MD

Mailing Address 117 E Clark St

City

Harrisburg

State

IL

Zip Code

62946-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primary Care GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	0

Transaction ID: C842922

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas F Koinis, MD

Mailing Address 101 Professional Park Ste A

City

Oxford

State

NC

Zip Code

27565-2580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oxford Family PhysiciansOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: C849804

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Deborah Ann Kullerd, MD

Mailing Address 2405 N 2Nd St

City

Spearfish

State

SD

Zip Code

57783-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 1 0

Transaction ID: C841783

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Bruce M LeClair, MD

Mailing Address 5088 Windmill Lake Dr

City

Evans

State

GA

Zip Code

30809-6612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicl College of Georgia

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: C848122

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Merral B Lewis, MD

Mailing Address 4000 Woodcastle Dr

City

Evansville

State

IN

Zip Code

47711-2778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 1 0

Transaction ID: C839740

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy F Linder, MD

Mailing Address 1 Prime Care Dr

City

Selmer

State

TN

Zip Code

38375-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: C839159

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Geoffrey L Loman, MD

Mailing Address 168 N Brent St Ste 502

City

Ventura

State

CA

Zip Code

93003-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brent Street Family Pract-
ice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 1 0

Transaction ID: C839757

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Chris P Lupold, MD

Mailing Address 96 Silver Birch Dr

City

Lancaster

State

PA

Zip Code

17602-7014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine of Charlo-
ttsville

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: C849810

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Colleen C Lyons, MD

Mailing Address 2874 N Carson St Ste 127

City

Carson City

State

NV

Zip Code

89706-1681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Family Medicine Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: C848212

Amount of Each Receipt this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Michael R Manes, MD

Mailing Address 189 Deer Trce

City

Oneonta

State

AL

Zip Code

35121-2958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 1 0

Transaction ID: C853000

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Kevin B Martin, MD

Mailing Address 2903 219th Ave E

City

Bonney Lake

State

WA

Zip Code

98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auburn Family Medical Cen-
ter

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: C845135

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1440.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kathleen J Miller, MD

Mailing Address 9 Oak Ridge Dr

City

Decatur

State

IL

Zip Code

62521-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wexford Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 1 0

Transaction ID: C853001

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Terry Lee Mills, Jr

Mailing Address 720 Medical Center Dr

City

Newton

State

KS

Zip Code

67114-8778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Clinic, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 0

Transaction ID: C842918

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael Lynn O'Dell, MD

Mailing Address 4570 Pine Cone Ln

City

Belden

State

MS

Zip Code

38826-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Health
Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: C866278

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David T O'Gurek, MD

Mailing Address 440 W Iron St

City

Summit Hill

State

PA

Zip Code

18250-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster General

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	1	0

Transaction ID: C845216

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael Austin Oller, II

Mailing Address 4813 E 27Th St N

City

Wichita

State

KS

Zip Code

67220-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Council on Graduate Medical Ed

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: C849808

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Daniel J Ostergaard, MD

Mailing Address 14547 S Hagan St

City

Olathe

State

KS

Zip Code

66062-9001

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Family Physicians

Occupation

Vice President Professional Activities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Transaction ID: C845054

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Angelo N Patsalis, MD

Mailing Address 36237 6 Mile Rd

City

Livonia

State

MI

Zip Code

48152-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health SystemOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: C852995

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Francis L Pisney, MD

Mailing Address 322 1/2 College Ave

City

Iowa Falls

State

IA

Zip Code

50126-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ellsworth Municipal Hospi-
tal, Iowa FalOccupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: C848210

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Marc D Price, DO

Mailing Address 2388 Route 9 Ste 200
Ste 200

City

Mechanicville

State

NY

Zip Code

12118-3433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: C848124

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert E Reneker, Jr

Mailing Address 2652 Gullmont Dr Sw

City

Wyoming

State

MI

Zip Code

49418-9302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum HealthOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: C848126

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Robert J Riggs, MD

Mailing Address 14402 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	1	0

Transaction ID: C842952

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Brooke Sciuto, MD

Mailing Address 411 E Hickory Ct

City

Mulvane

State

KS

Zip Code

67110-9261

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAFOccupation
Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	0

Transaction ID: C842476

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1605.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Benjamin Rushing Shellabarger, MD

Mailing Address 2244 Lower Brownsville Rd

City

Jackson

State

TN

Zip Code

38301-9655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: C848130

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Tatyana Skripnichenko, MD

Mailing Address 411 Sprague Rd

City

Penn Valley

State

PA

Zip Code

19072-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: C853695

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Robert J Skully, MD

Mailing Address Grant Medical Center Outpatient
393 E Town St

City

Columbus

State

OH

Zip Code

43215-4741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grant Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 1 0

Transaction ID: C839745

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert J Stenger, MD MPH

Mailing Address 3403 Se 59th Ave

City

Portland

State

OR

Zip Code

97206-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Health and Sciences
University

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 1 0

Transaction ID: C841824

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 0

Transaction ID: C842920

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Erica Williams Swegler, MD

Mailing Address 816 Keller Pkwy Ste 102

City

Keller

State

TX

Zip Code

76248-2479

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: C848120

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hugh M Taylor, MD

Mailing Address 15 Railroad Ave

City

South Hamilton

State

MA

Zip Code

01982-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Associates
LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: C848121

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Michael Garth Wade, MD

Mailing Address 3125 N 83Rd St

City

Scottsdale

State

AZ

Zip Code

85251-5868

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 0

Transaction ID: C842949

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

E Mark Watts, MD

Mailing Address 415 S Pollard St

City

Vinton

State

VA

Zip Code

24179-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cavilier Faculty Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: C848128

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

3105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert L Wergin, MD

Mailing Address 119 S C St

City

Milford

State

NE

Zip Code

68405-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: C853696

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Randell K Wexler, MD

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: C839187

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Patricia R Witte, MD

Mailing Address 3814 Wilshire Dr

City

Farmington

State

NM

Zip Code

87402-4735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indian Health Service

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: C845127

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven C Zweig, MD

Mailing Address M224 Health Science Center
Umc School Of Med

City	State	Zip Code
Columbia	MO	65212-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of MOOccupation
Physician

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	0

Transaction ID: C842930

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

37901.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 36

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.12

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: C845172

Amount of Each Receipt this Period

232.54

B.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.12

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 1 0

Transaction ID: C852994

Amount of Each Receipt this Period

345.58

SUBTOTAL of Receipts This Page (optional)

578.12

TOTAL This Period (last page this line number only)

578.12

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D92038 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>48.75</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D92039 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>2.76</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D92040 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>16.26</div>

SUBTOTAL of Disbursements This Page (optional) ►

67.77

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D92041

Date of Disbursement

01 / 08 / 2010

Amount of Each Disbursement this Period

16.25

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D92042

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

1.30

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D92043

Date of Disbursement

01 / 14 / 2010

Amount of Each Disbursement this Period

46.04

SUBTOTAL of Disbursements This Page (optional)

63.59

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D92044 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 1 0</div> </div>
City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>22.75</div>
B. Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Spokane WA 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D92037 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>173.19</div>
C. Full Name (Last, First, Middle Initial) Discover Network Mailing Address P O Box 52145 City State Zip Code Phoenix AZ 85072-2145 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D92045 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>18.28</div>

SUBTOTAL of Disbursements This Page (optional)

214.22

TOTAL This Period (last page this line number only)

345.58

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Campaign contribution

Candidate Name
Democratic Congressional Campaign Committee

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D92035

Date of Disbursement

01 / 20 / 2010

Amount of Each Disbursement this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

LEADERSHIP 21

Mailing Address 6849 OLD DOMINION DRIVE
SUITE 222

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep John Tanner

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: D92033

Date of Disbursement

01 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

JESSE JACKSON JR. FOR CONGRESS

Mailing Address P.O. Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Jesse Jackson, Jr.

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 02

Transaction ID: D92232

Date of Disbursement

01 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN TANNER

Mailing Address 236 Massachusetts Ave NE

City
WashingtonState
DCZip Code
20002-4980Purpose of Disbursement
lost/voided check dated 11/16/2009

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D92032

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Amount of Each Disbursement this Period

-2500.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City
DentonState
TXZip Code
76202Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Michael C. BurgessCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: D92034

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 236 Massachusetts Ave NE
Ste 508City
WashingtonState
DCZip Code
20002-4980Purpose of Disbursement
Campaign contributionCandidate Name
BLUE DOG POLITICAL ACTION COMMITTEECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D92200

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

25000.00